FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization Statement must be filed within 10 days of committee accepting contributing incurring debts exceeding \$750. Amendments must be filed within 30 days effective January 1, 2010, all statements and reports filed by new commit electronically and effective January 1, 2012, all statements and reports filed electronically. Effective May 1, 2010, all statements and reports for State PACs and Statements and reports for State PACs and Statements and reports for Statements and report	ys of a change. tees for state office must be filed and by all committees for state office te Parties must be filed electronically. the candidate's last name in the name o	FORM DR-1 (Rev. 10/2009) For Office Use C Comm. # Indexed Audited Computer If the committee.) If an	- 107
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (5)County Candidate (6)City Candidate (7)School Board or Other (10)School Board or Other Political Subdivision PAC (11) Ballot Is	r Delitieri Quindhalaine Canalidate / 6	M	4-844
COMMITTEE TREASURER (mandatory for all committees) Name +	Name + Therese Mailing Address + 6259 City, State + Zip Code + F Phone () 641- e-Mail Sydanisene	Davis Panoram Panora 155-4204 Fins.net Nocate for beliot issue	IA 50216 1515-314-975 issue(s)
Political Party (if applicable) District: Year Standing for Election:	County: (If active in multiple ballot issue) Date of Election:		
Bank Account Name (must match committee name)	Candidate name & Address or Pr	ment Entity (PACs. II Miliate, or Sponsor	applicables,
Name of Financial Institution/type of Account Mailing Address	Mailing Address ↓ ↓	Miliste, or Sponeor	2010
Name of Financial Institution/type of Account	1 1 A	Miliste, or Sponeor	2010 JUN 6 P
Name of Financial Institution/type of Account Mailing Address Mailing Address State Sta	Mailing Address City	State	Zip Se JANA N GOLD SO DH CLAUND A CONCERNIAL
Name of Financial Institution/type of Account Mailing Address Mailing Address State State Zip STATEMENT OF AFFIRMATION: By filing this document the committee of the committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code.	Mailing Address City	State Sefauls + OA Sawe, e chapters 68A and 68 se reports on or before resament of a civil pens d the name of the committees except for On through 68A 303 and olived, and a final repor	Experience of a statement of